



MEDICAL BOARD OF CALIFORNIA
 BOARD OF PODIATRIC MEDICINE
 1420 HOWE AVENUE, SUITE 8
 SACRAMENTO, CA 95825-3229
 PHONE: (916) 263-2647 FAX: (916) 263-2651
 INTERNET: WWW.BPM.CA.GOV



REQUEST FOR PART III (PMLexis) CERTIFIED SCORE REPORT

INSTRUCTIONS: Applicants for licensure who need to have Part III (PMLexis) scores certified to another state license board may, by completing this form and including a check in the amount of \$45 payable to FPMB, request that the Federation of Podiatric Medical Boards certify the score. A separate \$45 fee is required for each additional state board receiving the certified score report. To order by credit card online you may go into the FPMB web site at www.fpmb.org.

Send this form and payment by regular mail (do not send certified or express mail) to:

**FEDERATION OF PODIATRIC MEDICAL BOARDS
 6551 MALTA DRIVE
 BOYNTON BEACH, FL 33437
 PHONE: (561) 752-3735**

Name:		
Address: (Where you can be reached) Number and Street		
City	State	Zip Code
Social Security Number: — —		Daytime Phone Number: Area Code: () Number :
State where Part III (PMLexis) was taken:		Date (mm/yy) Part III (PMLexis) was taken:

Please send certified scores to:

**California Board of Podiatric Medicine
 1420 Howe Avenue, Suite #8
 Sacramento, CA 95825**

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